U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official USE Goly

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3087			2. Fiscal	2. Fiscal Year Covered From:				
				1]/[1]/[2004 Through	[12]/[31]	/ 2004	
3. Name and address of person filing.			4. Name	Name, file number, and address of labor organization.				
lame	Mike	Wood	Name	National Cor	nference of 1	Firemen & O	ilers/SEIU	
			Labor	Organization File N	umber <i>015</i>	086		
P.O. Box, Bldg., Room No., if any			P.O. B	P.O. Box, Building and Room Number, if any P. O. Box 620				
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Name Name Trade P.O. I Street City State	d an interest in, engaged in transport of the and address of Employer (include Name, if any: Box, Bidg., Room No., if any Bignature and verification. The nitted in this report (including the	(except as specified in the ansactions (including loans) with whose employees your orgation ding trade name, if any). ZIP Code + 4 undersigned declares, under peninformation contained in any accourse, correct, and complete. (See	th, or derived in nization representation represent	come or other ecesents or is actively use of Interest, Transport.	pnomic benefit of y seeking to reprint section, or income.	\$0 that all of the imatory and is, to the	formation	

Name of Person Filing Mike Wood	Fil	e Number U- 3087						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	N/A							
Street	11.b. Approximate dollar value of	f such dealing. \$0						
City	12.a. Nature of interest held or income received.							
State ZIP Code + 4	N/A							
	12.b. Amount.	\$0						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.							
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